

10  
SOC.P1/He  
1:979



**S**trength of a Nation depends on

**H**ealth policy concerned with the physical and mental health of the citizens of each State

**P**lanning a health system to serve Missourians

**D**eveloping services where they are needed

**A**re these the responsibilities of

YOUR

STATE

# HEALTH PLANNING AND DEVELOPMENT AGENCY

DEPARTMENT OF SOCIAL SERVICES

## ANNUAL REPORT 1979

Statewide Health Coordinating Council  
State Health Planning Agency  
Department of Social Services  
Broadway State Office Building  
P. O. Box 88  
Jefferson City, MO 65103

Dear Friends,

As we render to you an account of our stewardship for this past year, we are aware of all that we desired to accomplish, all of what we have done, and the "unaccomplished" that exists between the "desired" and the "what we have done."

Still we thank God for His gifts — people, time, energy, resources — that enabled us to move ahead in attempting to raise the health status of the people of Missouri and to improve, as well, the health system that serves us.

We well realize that even in what we have completed, such as the Health Plan for 1979, there is great room for change and improvement. This can only come about if all of us continue to be committed to serving and upholding the individual person, shaping the system, so that it serves and not shackles. This requires from all of us the commitment to sacrifice our personal time and energy — offer them in hard work — study, debate, long hours of committee meetings, keeping oneself alert, truly listening and striving to understand (does not mean agree) one another, so that we may each year move forward in providing a health system that is efficient, effective, economical. A health system that respects and supports the God-given dignity and worth of every citizen of our State.

Sincerely,

A handwritten signature in cursive script that reads "Sister Mary Roch Rocklage, RSM". The signature is written in dark ink and is positioned above the typed name.

Sister Mary Roch Rocklage, RSM

**STATEWIDE HEALTH COORDINATING COUNCIL**  
(as of January 1, 1979)

**CHAIRPERSON:**

Sister Mary Roch Rocklage, St. Louis, Mo.  
Pres., St. John's Mercy Medical Center

Page Jackson, Jefferson City, Mo.  
Maternal Child Health Advocate

**VICE CHAIRPERSON:**

Haywood Snipes, Architect  
Poplar Bluff, Mo.

Arthur Jacobs, Salem, Mo.  
Consumer—Mo. Assn. for Social Welfare

Marvin Kirby, Lake Winnebago, Mo.  
Consumer—Educator

**MEMBERS:**

Donald Babb, Houston, Mo.  
Hospital Adm.

Donna Lindaman, Sullivan, Mo.  
Consumer—Volunteer

George Beck, St. Louis, Mo.  
Provider—Blue Cross

Josephine Lockhart, St. Louis, Mo.  
Consumer—Educator

Ray Bess, O.D., Malden, Mo.  
Provider—Optometrist

Joseph Mackney, St. Louis, Mo.  
Provider—Hospital Admin.

Hazel Bledsoe, Kahoka, Mo.  
Consumer—Newspaper Editor

Art McClure, Ph.D., Warrensburg, Mo.  
Consumer—Educator

Robert Bregant, M.D., Jefferson City, Mo.  
Provider—Physician

Diana Mnookin, R.N., Kansas City, Mo.  
Provider—Director, Alcohol Program

Jeannette Butcher, Jefferson City, Mo.  
Consumer—March of Dimes

Vivienne Ponce, Alma, Mo.  
Consumer—Homemaker

Sparrel Davis, Malden, Mo.  
Consumer—Insurance Agent

Sanford Postar, D.P.M., St. Louis, Mo.  
Provider—Podiatrist

Betty Dickey, Springfield, Mo.  
Consumer—Volunteer

Harold Reichert, Kansas City, Mo.  
Provider—Pharmacist

James Duvall, Kansas City, Mo.  
Consumer—Labor

Audrey Rivers, R.N., St. Louis, Mo.  
Provider—Registered Nurse

Leonard Ernstmann, Springfield, Mo.  
Provider—Vice Pres., St. John's

Samuel Rodgers, M.D., Kansas City, Mo.  
Provider—Director, Health Center

Prudence Fink, Beaufort, Mo.  
Consumer—Lawyer

Everett Roeder, D.M.D., Clayton, Mo.  
Provider—Dentist

J. P. Garrett, Richmond, Mo.  
Consumer—Retired Businessman

Milton Shoss, M.D., Cape Girardeau, Mo.  
Provider—Physician

George Goodman, D.C., St. Louis, Mo.  
Provider—Chiropractor

Van Taylor, M.D., Bonne Terre, Mo.  
Consumer—Retired Physician

Hiram Hoover, Marshfield, Mo.  
Consumer—Elected Official

Ed Thayer, Neosho, Mo.  
Consumer—Businessman

Kathleen Israel, Kansas City, Mo.  
Provider—Program and Admin. Asst.

Rep. Robert Ellis Young, Carthage, Mo.  
Consumer—Elected Official

# THE STATEWIDE HEALTH COORDINATING COUNCIL BELIEVES

That a healthy environment is the right of every citizen of Missouri.

That access to health care should be available to all.

We affirm mankind bears the responsibility and privilege to revere and protect life.

Our purpose is to insure that Missourians, without regard to age, race, sex, color, origin, religious conviction, social or financial station have a say about their health, an opportunity for education and adequate medical care to preserve their heritage.



## WHAT IS HEALTH PLANNING?

“Not a planned society, but a society in which there is planning for the future.” Senator Hubert Humphrey was a strong proponent of planning. He believed that a society should look beyond the current year in an attempt to see what the policy in food, transportation, energy, and health ought to be.

The basic premise of planning is to *assist the market* in finding the best route to an equilibrium of supply and demand, and to do so with a minimum of formal assistance.

Planning is essentially more efficient utilization of scarce resources than non-planning. Health planning is a profit and efficiency maximization mechanism for health care.

The product of health planning is a plan document which articulates health needs and health industries performance. Under Public Law 93-641, this document must address several key issues:

### Need vs. Demand

- Distribution of services in relation to demand;
- Distribution of population in relation to supply;
- Resources available and/or necessary;
- Cost of these services; and
- Priorities, given less than sufficient resources.

A goal oriented State Health Plan acts as a management tool, and seeks to answer the following questions:

How does the area or state want health services delivered?

How are the services currently being delivered to the area or state?

What actions are needed to help the community achieve its desired health system at some future date?



## WHY SHOULD THERE BE HEALTH PLANNING?

The public values highly good health and is quite well informed about health matters. In spite of these facts, large numbers of Missourians continue lifestyle practices which they know are injurious to their health. An overly optimistic view of the potential of medical science and a belief in personal invulnerability prevail.

People grossly underestimate the seriousness of major diseases and believe that cures exist where none do, or that major breakthroughs will occur within their lifetime.

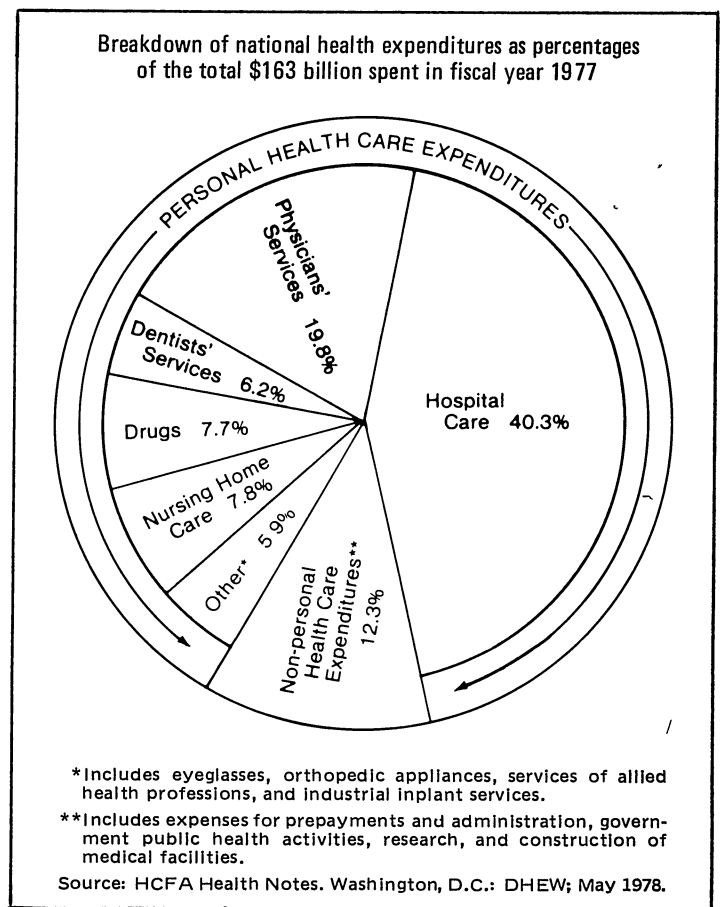
Without regional and statewide planning involving broad business, labor, and consumer involvement with instruments that promise more effective health cost containment, health providers will continue to emphasize sickness care and the more important challenge of discovering the keys to health motivation and will be largely ignored.

*health care costs are high  
and are rising at  
unprecedented rates*

Health care costs in the United States are high and are rising at unprecedented rates, as illustrated by the following statistics:

- ☐ Of the \$163 billion spent on health care in the U. S. in 1977, approximately \$143 billion were spent on personal health care services. Hospital care comprised about 40% of total expenditures, and nearly 20% was expended for physicians' services.

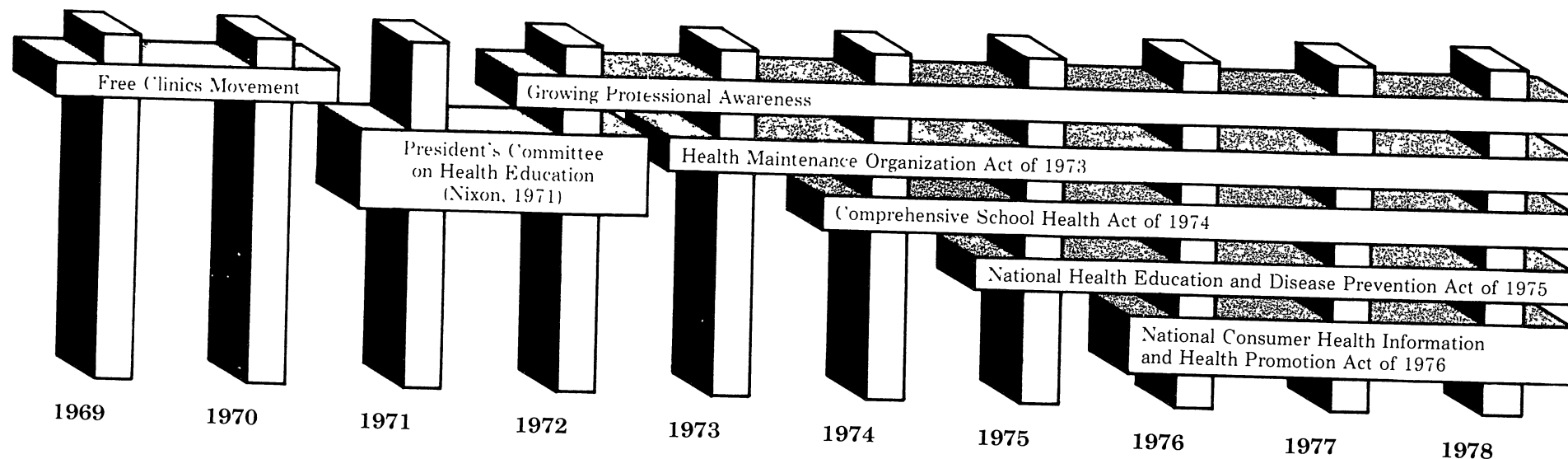
*a breakdown of national  
health expenditures . . .*



*. . . which are highest in  
the world*

- ☐ Whereas per capita expenditures on health care in the United States were \$78.35 in 1950, they were \$736.92 in 1977—the highest in the world.

# Health Promotion - Growth of an Idea



## PRIVATE SECTOR ACTIVITIES:

Free Clinics Movement that developed out of the Community Action Programs (starting in 1964)

Course for Activated Patients started in Herndon, Va. (1970)

U.C.L.A. Studies in California (1973)

"Toward a National Policy of Health Promotion and Consumer Health Education" National Conference on Preventive Medicine (1975)

Health Activation Network (1976)

National Chamber Foundation Project (1977)

## PUBLIC INITIATIVES:

The President's Committee on Health Education: Report (February, 1971)

Federal Bureau of Health Education established in Atlanta (1974)

National Center for Health Education established in San Francisco (1975)

Office of Consumer Health Information and Health Promotion established in Washington, D.C. (1976)

## INFLUENTIAL PUBLICATIONS/BOOKS:

**Our Bodies, Ourselves** (1972)

**The Well Body Book** (1973)

"Relationships of Health Practices and Mortality" **Preventive Medicine** (1973)

**How to be your Own Doctor . . . Sometimes** (1975)

**Self Care: Lay Initiatives in Health** (1976)

**Take Care of Yourself** (1976)

**Medical Self-Care Magazine** (1976)

## REPORT OF THE DIRECTOR

In January, 1975, President Ford signed into law the National Health Planning and Resources Development Act. This act created new and more comprehensive health planning agencies at state as well as local levels. The law was designed to improve health by increasing accessibility, acceptability, continuity, and quality of health services while restraining increases in the cost of providing those services. Such things as duplication, fragmentation, and lack of coordination of health resources were to be curtailed.

In order to accomplish these things, various related organizational entities were established. At the federal level, the National Council on Health Planning and Development was created. States developed Health Coordinating Councils made up of consumers and providers of health care services. A State Health Planning and Development Agency was put into place to provide staff support to the Councils and also produce a State Health Plan, State Medical Facilities Plan, and administer a Certificate of Need program. Finally, Health Systems Agencies were organized at the local level in states to produce Health Systems Plans, Annual Implementation Plans, and conduct reviews on health projects. These agencies were to have a board of directors from the community they served made up of a majority of consumers.

It is within this framework that the Missouri State Health Planning and Development Agency operates as part of the Department of Social Services. A well-educated and experienced staff carries out its mandate. A 1979 State Health Plan has been produced through an involved local, state, and federal planning process. Throughout the planning process, effort is made to incorporate the best thinking available in the state of Missouri. As a result, the Plan represents a health policy direction which benefits all Missourians.

At the same time, a number of major initiatives were pursued to realize the objectives of our State Health Plan. Improved care for the elderly by way of focusing on the aged within the Department of Social Services was achieved. A nursing home reform bill was enacted to insure better health care for the elderly. Health education and promotion efforts were intensified by greater coordination at the state level. The 550 school districts were provided guidance through materials showing them "how to do it" in their areas. Primary health care was stressed, especially in medically underserved areas of Missouri. Through the Governor's Task Force on Rural Health, a number of changes have occurred which will advance this effort.

Certificate of Need legislation (House Bill 222, SCS) passed during this legislative session. This bill is aimed at containing unnecessary capital expenditures for health. Unfortunately, the bill does not meet federal minimum standards and would not effectively achieve its purpose of saving Missourians their health dollars.

A great deal of this work could not be accomplished without good staff, dedicated volunteers, and cooperative efforts among state agencies, Health Systems Agencies, and the public at large. Future progress will depend on the continuing partnership of everyone involved. The Statewide Health Coordinating Council and the State Health Planning and Development Agency will strive to serve the citizens of Missouri as a coalition of shared interests based on each other's mutual trust.



Henry Mandro, Director



**“The SHPDA staff offers expertise to the Governing Board (SHCC), to consumers, to health providers, and to service-oriented agencies and organizations at local, state and federal levels.”**

## The Staff

---

### Professional Staff

Henry Mandro  
Carol Wortham  
Steve Mahfood  
Dianne Petersen  
Mecca Carpenter  
Jacqueline Wessel  
Tom Lange  
Steve Lyddon

### Support Staff

Patty Hagenhoff  
Dena Hagenhoff  
Peggy Smith  
Bernadett Houchens  
Rose Schroeder

## ANNUAL REPORT OF PLAN DEVELOPMENT SECTION

The 1979 edition of the Missouri State Health Plan was the premier activity of the plan development section in the fiscal year. This year's edition was not only an update and revision of the first plan, but contained new sections which were added to form the nucleus of a new and comprehensive format. Four sections stood out in this year's plan and should form the basis for future plan development. These include Health Education, Environmental Health, Habilitation/Rehabilitation Care, and Maintenance Care. The public review process of the draft plan was also revised to solicit input from all segments of Missouri society. This process enhanced overall development of the plan and enables the Statewide Health Coordinating Council's Plan Development Committee to solidify their positions along with reviewing new and interesting issues relevant to the Plan.

It was realized in early 1978 that the original Common Format/Content agreement utilized by the five HSA's and SHPDA in developing their first plans badly needed revision. To this end, the SHPDA and HEW, contracting with Mid-America Health Systems Agency, developed a three day conference which took place in July, 1978, to revise and update the format and the agreement. This conference culminated in agreements between the five HSA's and the SHPDA for the development of a common format, if not approach, to Plan Development. This has been fully implemented except in one case. Through the process of SHCC review of HSP's the final agency will be in line with this agreement by the middle of FY 80. The State Health Plan follows the format to the letter and is hopefully an example for the agreement.

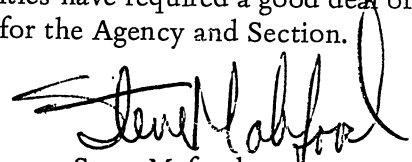
A draft discussion document was developed as a forerunner to a draft State Medical Facilities Plan. Unfortunately, a lack of direction given to the state relating to the development of this document has placed its completion in limbo. The discussion document developed in August and September, 1978, will be utilized as the basis for full SMFP development in FY 80. However, development will not begin until further guidance has been given for its use.

The Statewide Health Coordinating Council in cooperation with the SHPDA reviewed five Health Systems Plans and made known their recommendations to the Regional Office and the Secretary of Health, Education, and Welfare. The reviews were lengthy and detailed. Most recommendations centered around compliance with the agreed upon format and the clarification of specific points related to technical analysis. A bi-state review of St. Louis' HSP pointed up the problems inherent in a review such as this and will hopefully provide insight into future HSP review activities.

The SHPDA Planning staff has begun to be involved in rural health activities and has provided technical support to the developers of a rural health system in Southern Missouri. Although our activities and involvement have come later in the year, there have been many contributions made by staff.

The Plan Development section began initiation of discussions between HSA planners and the SHPDA in April, 1979. These discussions and subsequent meetings have led to a great deal of cooperative agreement on important planning processes and issues. This improved cooperation and coordination has lead to improved relationships between planning staffs and has enabled all the Agencies to see first-hand statewide problems and concerns. The SHPDA plan development section will benefit most from this cooperation in development of its subsequent State Health Plans.

Other important areas of involvement over the Fiscal Year 1979 have been in helping the passage of the new Nursing Home Reform bill, the development of a Health Education Coalition with the subsequent development of an implementation manual for school administrators, and the beginning of revisions to the Missouri health funds flow report. All of these activities have required a good deal of staff time and as a spinoff have reaped positive benefits and recognition for the Agency and Section.



Steve Mafood  
Chief, Health Planning

## ANNUAL REPORT PROJECT REVIEW

The most significant accomplishment for the agency was passage of the Certificate of Need legislation. The bill is out of compliance, but we intend to function with in it its present form and work to correct serious deficiencies in the next legislative session starting January, 1980.

In July of 1978 the Handbook for Review of New Institutional Health Services was completed, as well as a draft of an Appropriateness Review Manual. A SHCC Handbook for Review of State Plans and Applications for Federal Funding was also developed. Two criteria and standards have been revised and one is in the process of revision. The final state plans of Alcohol and Drug Abuse and Comprehensive Psychiatric Services have entered the review process.

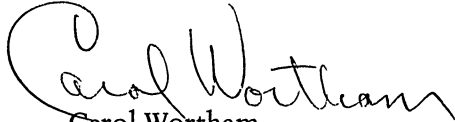
Steve Lyddon has become the SHPDA liaison to ESRD Network No. 9. He has attended two of their quarterly meetings related to the network and has begun a consolidation of planning and review activities.

Members of the Project Review staff have been involved in meetings to improve coordination with the Health Systems Agencies, as a result of this interaction a Standard State Application Form for Certificate of Need has been developed which will be presented to the Resources Development Committee and the SHCC for finalization. Meetings are scheduled for the coming months to establish the flow and responsibilities for review as shared by SHPDA and the Health Systems Agencies and to develop criteria and standards which reflect both the urban and rural needs of the state.

All current staff in Project Review are new since January, 1979. Consequently staff recruitment and training have been of great importance. Training in the area of project review has included observation of CT scanner review Area II, cardiac cath lab review Area III and participation in mock review (Tarkio) with Area II. There have been a series of discussions with HEW on SHPDA's role in the review process and our quality control function in reviews by HSA's. We are in the process of phasing in five new staff members from the Bureau of Health Facilities Planning who were transferred to SHPDA and who bring expertise in a variety of review areas.

Within SHPDA, the Plan Development and Project Review staffs, who work closely together, are instituting procedures which will strengthen this unity. We hope that in the coming year the SHCC Plan Development and Resources Development Committees will have a liaison enabling the planning and review processes to effectively represent the policies of the SHCC and the State Health Plan.

It is the common goal of the Project Review and Plan Development staffs that planning and review reflect the intent of the Public Law 93-641 to be a forum for the development and implementation of plans which will best meet the health needs of the citizens of Missouri.

  
Carol Wortham  
Chief, Project Review

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS  
FISCAL YEAR 1979

For the Period July 1, 1978 through June 30, 1979

\*Receipts:

Federal	249,077
State	<u>62,344</u>
	311,421

\*Disbursements:

Total Disbursements	299,113
---------------------	---------

\*The State of Missouri fiscal year and encumbrance period does not coincide with the Federal Fiscal year. This necessitates an overlap of receipts and disbursements between the State fiscal year and the period of grant award for the State Health Planning and Development Agency. The figures in this report reflect receipts and disbursements made specifically for the State of Missouri, fiscal year 1979 – July 1, 1978 through June 30, 1979.

State of Missouri  
Department of Social Services

# **State Health Planning and Development Agency**

Broadway State Office Bldg., P.O. Box 88, Jefferson City, MO 65103  
(314) 751-2055

## Abbreviations

SHPDA	State Health Planning and Development Agency
DHEW	(U.S.) Department of Health, Education, and Welfare
HSA	Health Systems Agency
HSP	Health Systems Plan
PDC	Plan Development Committee
SHCC	Statewide Health Coordinating Council

Funded by Grant No. 07-P-000082-04-0 from the  
Department of Health, Education and Welfare.

An Equal Opportunity Employer

Specific information on Governing Board and staff  
members is contained in the

State Health Planning and Development Agency  
Application for Full Designation  
Submitted to DHEW April 6, 1979

Copies of the

State Health Plan, State of Missouri 1979 are  
available at public libraries in Missouri and may  
be obtained on request from the Agency.

Publications produced by State Health Planning & Development Agency :

Health Care Expenditures in MO 1966-1976  
The Rising Cost of Health Care in Missouri  
Health Care Expenditures: A Technical Paper  
Starting a Comprehensive School Health Education Program  
Handbook for the Review of New Institutional Health Services  
Progress and Challenges in Health and Health Care in Missouri  
State of MO Consumer Guide for Health Insurance  
A Consumer's Guide to Missouri Nursing Homes

These publications may be obtained by writing:

Missouri Department of Social Services  
State Health Planning & Development Agency  
Broadway State Office Building  
P. O. Box 88  
Jefferson City, MO 65103



# 1979 ANNUAL REPORT &

